U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 57/6	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Terry, Sr. Bode	Name Internationsl Union of Elevator Constructors	
	Labor Organization File Number 035-522	
P.O. Box, Bldg., Room No., if any Suite 105	P.O. Box, Building and Room Number, if any Suite 105	
Street 2540 Severn	Street 2540 Severn	
City Metairie	City Metairie	
State Louisiana ZIP Code + 4 70002	State Louisiana ZIP Code + 4 70002	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or demonstrated monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City	Stabilitation of the common and an executive state of the complete	
State ZIP Code + 4	the section of the se	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
undersigned's knowledge and belief, true, correct, and complete. (See the sect	erjury and other applicable penalties of the law, that all of the information	

Name of Person Filing Terry, Sr. Bode	Fi	le Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name National Elevator Industry - Educational Pro  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 44 B  Street 6320 Manchester Avenue  City Kansas City  State Montana ZIP Code + 4 64133	9. Business deals with:  a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Magangan maayammanagan magan sa	med was defined with a mill to select the intercent of the selection of th
Name	Educational program		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			and problem to propose a design of the control of t
Street	11.b. Approximate dollar value o	of such dealing.	\$0
City Part - Constitution of the Constitution o	12.a. Nature of interest held o	r income received.	
State ZIP Code + 4	Meal, November 2, 20	U4, \$41.22	
	12.b. Amount.	· · · · · · · · · · · · · · · · · · ·	\$41
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			*
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
pakantan an ini ini ini ini ini ini ini ini in			
Name			or the later
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City :			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	**************************************	

Name of Person Filing Terry, Sr. Bode	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Elevator Industry Education Program		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street Eleven Larsen Way	c. Employer	
City Attleboro Falls		
State Maryland ZIP Code + 4 02763-1068		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Educational Program	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Mileage and Meal, September 23-25, 2004 \$63.28 Transportation September 23-25, 2004 \$374.90 Lodging and Meals, September 23-25, 2004 \$509.69 Teaching Wages, 2004 \$8140.00	
	12.b. Amount. \$9,088	